

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO <i>10656170</i>	FILING DATE <i>03-08-03</i>					
							APPLICANT(S)						
							CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56	/					
7							57		/				
8							58		/				
9							59		/				
10							60	/					
11							61		/				
12							62		/				
13							63		/				
14							64	/					
15							65		/				
16							66		/				
17							67		/				
18							68		/				
19							69	/					
20							70		/				
21							71		/				
22							72		/				
23							73		/				
24							74	/					
25							75		/				
26							76		/				
27							77		/				
28							78		/				
29							79		/				
30							80	/					
31							81		/				
32							82		/				
33							83		/				
34							84		/				
35							85		/				
36							86	/					
37							87		/				
38							88		/				
39							89		/				
40							90		/				
41							91		/				
42							92		/				
43							93	/					
44							94		/				
45							95		/				
46							96		/				
47							97		/				
48							98		/				
49							99		/				
50							100						
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS									
←		←		←		TOTAL IND. <i>8</i>		TOTAL DEP. <i>36</i>		TOTAL CLAIMS <i>44</i>			